

KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT

IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address of all parties involved, and any witnesses to the accident. Give the completed form to your insurance agent or company, or provide the information by phone.

DATE OF ACCIDENT AND TIME <input type="text"/> / <input type="text"/> / <input type="text"/> AM <input type="text"/> PM		LOCATION OF ACCIDENT (INCLUDE CITY & STATE)		
DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY)				
AUTHORITY CONTACTED AND REPORT #		ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE)		
PROPERTY DAMAGED (NOT YOUR VEHICLE)				
DESCRIBE PROPERTY (If auto, year, make, model, plate #)		INSURANCE COMPANY		
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):
DRIVER'S LICENSE NUMBER	DESCRIBE DAMAGE	WHERE CAN DAMAGE BE SEEN?		
INJURED PARTIES				
NAME & ADDRESS		PHONE (A/C, No)	AGE	DESCRIBE INJURY
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR				
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR				
WITNESSES OR PASSENGERS				
NAME & ADDRESS		PHONE (A/C, No)	INS VEH	OTH VEH
				OTHER (Specify)
YOUR INSURED VEHICLE				
YEAR	MAKE	MODEL	PLATE NUMBER	STATE
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):
DRIVER'S NAME & ADDRESS (Check if same as owner)		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE
				USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE	
YOUR INSURANCE COMPANY NAME	YOUR POLICY NUMBER	YOUR AGENT'S NAME		
POLICYHOLDER INFORMATION				
POLICYHOLDER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):
REMARKS				